

Billings Clinic Oral Anticoagulant (OAC) Rapid Reversal Pathway for Patients with Intracranial Hemorrhage

Known OAC Therapy with acute trauma

- IV saline lock w/STAT bedside PT/INR. Send CBC, CMP and blood bank tube.

History of dabigatran/Pradaxa use AND head trauma WITH CT evidence of intracranial **bleeding**

Refer to dabigatran/Pradaxa Pathway

- Vitamin K 10 mg (IM OR IV)
- Start ASAP

If Vitamin K is given IV, then infuse over 1 hour to decrease the risk of anaphylaxis

CONSIDER

- Vitamin K oral daily x 3 days

History of warfarin or rivaroxaban use AND head trauma WITH CT evidence of intracranial **bleeding**

INR < 1.6

INR ≥ 1.6

- Vitamin K 10 mg IV STAT
 - PCC per wt based dosing scale

35-50 Kg =	1500 IU	96-110 Kg = 3500 IU
51-65 Kg =	2000 IU	111-125 Kg = 4000 IU
66-80 Kg =	2500 IU	>126 Kg = 4500 IU
81-95 Kg =	3000 IU	

- FFP 2 units stat type specific if possible, otherwise AB

15 Minutes post administration of FFP and PCC STAT PT/PTT, fibrinogen CBC

INR < 1.6

INR ≥ 1.6

- Repeat Head CT in 3 (three) hours or with any signs/symptoms of increasing intracranial pressure.
- Repeat PT q 6 (six) hours for 24 hours or as needed.
- CONSIDER
- Early use of retrievable IVC in patients w/ hx of DVT, PE, coagulopathies, valve replacement
- Hematology/cardiology consult to determine timing of re-anticoagulation

CONSIDER

- PCC Repeat initial dose
- If fibrinogen < 100mg/dl administer 10 units Cryoprecipitate